

**Metal Detecting in San Antonio City Park Areas
Permit Form**

Name: _____

Address: _____

Phone: _____

Drivers License No.: _____

Requested Date(s): Maximum of 6 months

From: _____ To: _____

Park(s) Requested: Maximum of 20 Parks:

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

I have read and will adhere to the San Antonio Parks and Recreation Department Metal Detectors guidelines. I understand that failure to adhere to these policies may result in the revocation of my permit.

Signature

Date

OFFICIAL USE ONLY:

APPROVED: _____

NOT APPROVED: _____

Comments: _____

Signature

Date
